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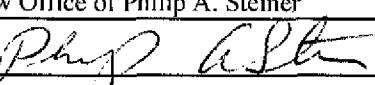
Total Number of Pages in This Submission

Application Number	10/699187
Filing Date	11/01/2003
First Named Inventor	John Guido
Art Unit	1761
Examiner Name	Kelly Mahafkey
Total Number of Pages in This Submission	28
Attorney Docket Number	UT09042003

ENCLOSURES (Check all that apply)

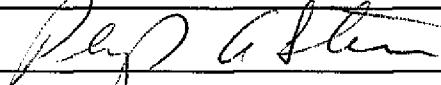
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appendix with background information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CID, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CID	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Responsive to Final Office Action dated 03/22/2007		
Amendment 19 pages		
Appendix 8 pages		
Cover sheet 1 page		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Philip A. Steiner		
Signature			
Printed name	Philip A Steiner, Esq.		
Date	May 10, 2007	Reg. No.	47967

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Philip A Steiner, Esq.	Date	May 10, 2007

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